

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket Number

4002-3368/PC753.00

First Named Inventor

Jeff R. Justis

COMPLETE IF KNOWN

Application No.

Filing Date

Group Art Unit

Examiner's Name

☒ Declaration submitted with
Initial Filing

☐ Declaration
Submitted after
Initial Filing
(surcharge (37 CFR
1.16(e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEMS AND METHODS FOR INTRAVERTEBRAL REDUCTION

the specification of which
(check one)

☒ is attached hereto.

☐ Was filed on _____ as United States Application No. or
PCT International Application No. _____

☐ And was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/406,362	08/27/2002	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☐

Customer Number



OR

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Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Douglas A. Collier	43,556		

☒

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to :

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OR

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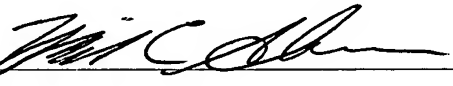
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

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Citizenship:			
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Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			

Type a Plus sign (+) inside this box →

+

WENMM SB/02C (4/01)

DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
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